CHICAGO STATE UNIVERSITY

1867

Religious Exemption/Accommodation Request Form - COVID-19 Vaccination

Name: _____ Department: _____

Title/Position: _____ UID: _____

Date of request: _____

Manager/Supervisor: _____

Length of time the exemption is needed: _____

Describe your sincerely held religious belief, practice, or observance that necessitates this request for an exemption/accommodation from the vaccination:

_____

_____

_____

_____

Describe any alternatives that might address your needs:

_____

_____

I have read and understand Chicago State University's policy on religious exemption from the vaccination. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the University will attempt to provide a reasonable alternative that does not pose a direct threat to the health and/or safety of others in the workplace and/or to me, or create an undue hardship on the University. I understand that Chicago State University may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption.

While my request is pending, I understand that I must comply with non-pharmaceutical interventions (e.g., face coverings, regular asymptomatic testing, etc.) for unvaccinated or not fully vaccinated individuals as a condition of my physical presence at any University location/facility or program. These required non-pharmaceutical interventions are defined by State and local public health, environmental health and safety, occupational health, or infection prevention authorities. I also understand that I must comply with any additional non-pharmaceutical interventions applicable to my circumstances or position, as required by the University. If my request is granted, I understand that I will be required to continue to comply with non-pharmaceutical interventions specified by the University as a condition of my physical presence at any University location/facility or program.

Employee signature: _____ Date: _____

Human Resources Director: _____ Date: _____